



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

August 1, 2016

CERTIFIED MAIL # 7008 1830 0002 8022 0885

Theresa Boyle, SVP Strategy and Business Development
MultiCare Health System
315 Martin Luther King Jr. Way
Tacoma, Washington 98415

RE: Certificate of Need Application #16-16

Dear Ms. Boyle:

Enclosed is Certificate of Need #1582 issued to MultiCare Health System approving the addition of 23 level I rehabilitation beds in two phases to Good Samaritan Hospital in Pierce County.

The certificate is not approval for any other local, federal, or state statutes, rules, or regulations. Such a project may also need Department of Health approval for a construction plan and facility licensing or certification, as well as other federal or local jurisdiction permits.

The Certificate of Need is valid for two years. The project must begin during this time. If there is substantial and continuing progress, we may extend the certificate for one six month period. For an extension, you must submit an extension request at least 120 days before the expiration. You cannot begin a project after the expiration date.

This decision may be appealed. The appeal options are listed below.

Appeal Option 1:

Any person with standing may request a public hearing to reconsider this decision. The request must state the specific reasons for reconsideration in accordance with Washington Administrative Code 246-310-560. A reconsideration request must be received within 28 calendar days from the date of the decision at one of the following addresses:

Mailing Address:
Department of Health
Certificate of Need Program
Mail Stop 47852
Olympia, WA 98504-7852

Physical Address:
Department of Health
Certificate of Need Program
111 Israel Road SE
Tumwater, WA 98501

Appeal Option 2:

Any person with standing may request an adjudicative proceeding to contest this decision within 28 calendar days from the date of this letter. The notice of appeal must be filed according to the provisions of Revised Code of Washington 34.05 and Washington Administrative Code 246-310-610. A request for an adjudicative proceeding must be received within the 28 days at one of the following addresses:

Mailing Address:

Department of Health
Adjudicative Service Unit
Mail Stop 47879
Olympia, WA 98504-7879

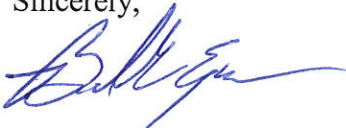
Physical Address:

Department of Health
Adjudicative Service Unit
111 Israel Road SE
Tumwater, WA 98501

We monitor projects until completed or the expiration date, whichever occurs last. We do this with quarterly progress reports. At least 30 days before the report's due date, you will receive a form to complete and return.

If you have any questions, please contact Janis Sigman, Manager of the Certificate of Need Program at (360) 236-2955.

Sincerely,



Bart Eggen, Acting Director
Office of Community Health Systems

Enclosure



This Certificate is granted under the authority of RCW 70.38. Issuance of this Certificate does not constitute approval under any other local, federal or state statute, implementing rules and regulations. Examples where additional approval may be necessary include, but are not limited to, construction plan approval through the Construction Review Unit of the Department of Health, facility licensing/certification through the Department of Social and Health Services or Department of Health, and other federal or local jurisdiction permits.

Certificate of Need #1582 is issued to:

Legal Name of Applicant: MultiCare Health System
Address of Applicant: 315 Martin Luther King Jr. Way, Tacoma, Washington 98415
Type of Service: Tertiary Service - Level I Rehabilitation
Facility Name: Good Samaritan Hospital
Facility Address: 401 – 15th Avenue Southeast, Puyallup, Washington 98372

ISSUANCE OF THIS CERTIFICATE OF NEED IS BASED ON THE DEPARTMENT’S RECORD AND EVALUATION DATED JULY 20, 2016-CORRECTED JULY 22, 2016 (CN App #16-16)

Project Description

This certificate approves the addition of 23 level I rehabilitation beds to Good Samaritan Hospital. The 23 beds will be added in two phases. At completion of both phases, Good Samaritan Hospital will be operating a total of 309 acute care beds. A breakdown of the beds at project completion is shown below.

Type	Total # of Beds
Medical Surgical	250
Level II Intermediate Care Nursery	11
Level I Rehabilitation	48
Total	309

Service Area

Pierce County and surrounding communities

Conditions

1. MultiCare Health System agrees with the project description as stated above. MultiCare Health System further agrees that any change to the project as described in the project description is a new project that requires a new Certificate of Need.
2. MultiCare Health System shall finance the project using cash reserves as described in the application.
3. MultiCare Health System must maintain Medicare and Medicaid certification for all 48 rehabilitation beds.
4. MultiCare Health System must obtain and maintain accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF) for the rehabilitation beds as described in the application.

Approved Capital Expenditure

The approved estimated capital expenditure for this project is \$568,793.

This Certificate authorizes commencement of the project from August 1, 2016 to August 1, 2018 unless extended, withdrawn, suspended, or revoked in accordance with applicable sections of the Certificate of Need law and regulations.

Date Certificate Issued: August 1, 2016


Bart Eggen, Acting Director
Office of Community Health Systems

This Certificate is not transferable